



Preferred Lab

If we send out specimens from our office, i.e., pap smears, blood draws, pathology, etc., your insurance company may have a preference and your benefits could be affected. Please indicate which lab is contracted with your insurance company. If you do not know, please ask one of our receptionists.

- _____ Barton
- _____ Lab Corp
- _____ Quest Diagnostics
- _____ OTHER - Lab Name & Address: _____

Pharmacy:

Print Name:

Signature:

Date:
